



PRD 980 594-709

PR0025844 1F

PE 92-09/30/92

VIA FEDERAL EXPRESS

September 30, 1992

Permit Contact
Permits Administration Branch
Room 432
US Environmental Protection Agency
26 Federal Plaza
New York, New York 10007

Dear Permit Administrator:

Enclosed is BFI OF PONCE, INC. individual permit application for a stormwater NPDES permit. This application is for the Ponce Municipal Landfill, which BFI OF PONCE operates under a contract to the Municipality of Ponce.

As of January 18, 1993, BFI OF PONCE will no longer be the landfill operator. Therefore, we request EPA issue any NPDES permit to the owner-- the municipality of Ponce, and any subsequent operator of the landfill.

Please call me at (809) 841-7770 if you have questions. Ponce office

Sincerely,

7775 Landfill phone #

788-7171 -> Calais

BFI OF PONCE

Juan Rodriguez - Landfill Manager
José E. Ayala
José E. Ayala
District Manager

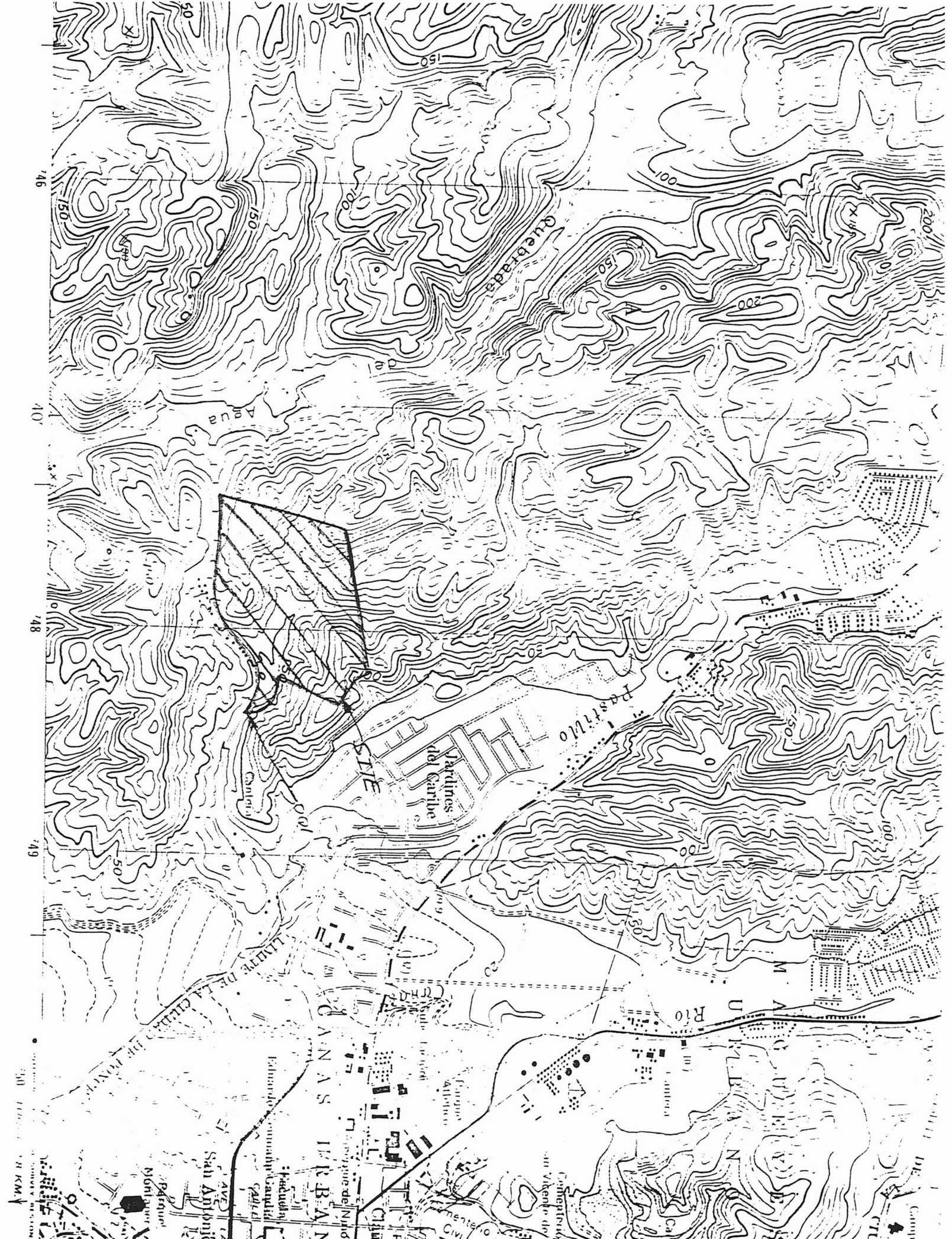
Attachment

CC: Don Aronin
Dean Brown

Mayor
Municipality of Ponce
Box 1709
Ponce, Puerto Rico -00733

Director Legal Division
Municipality of Ponce
Box 1709
Ponce, Puerto Rico -00733

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	
		YES	NO	FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)			X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)
		16	17	18	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		X	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)
		22	23	24	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)			X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)
		28	29	30	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)
		34	35	36	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)
		40	41	42	
III. NAME OF FACILITY					
1 SKIP PONCE MUNICIPAL LANDFILL					
15 16 - 29 30 69					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)		
2 AYALA JOSE DISTRICT MANAGER			809 841 7770		
15 16 45 46 - 48 49 - 51 52 - 55					
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 P O BOX 7104					
15 16 45					
B. CITY OR TOWN			C. STATE	D. ZIP CODE	
4 PONCE			PR	00732	
15 16 40 41 42 47 - 51			52 - 55		
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 EL VERTEDERO MUNICIP DE PONCE					
15 16 45					
B. COUNTY NAME					
BARRIO LA COTORRA					
46 70					
C. CITY OR TOWN			D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6 PONCE			PR	00732	
15 16 40 41 42 47 - 51			52 - 55		



VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND												
C	7	4	9	5	3	(specify)	REFUSE SYSTEMS					C	7				(specify)	N/A				
15	16	17	18	19						15	16	17	18	19								
C. THIRD										D. FOURTH												
C	7					(specify)	N/A					C	7				(specify)	N/A				
15	16	17	18	19						15	16	17	18	19								

VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?									
C	8	B	F	I	O	F	P	O	N	C	E	I	N	C																	66	YES	<input checked="" type="checkbox"/>	NO					
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30											66													
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other", specify.)																				D. PHONE (area code & no.)																			
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify) N/A										A 8 0 9 8 4 1 7 7 7 0									
E. STREET OR P.O. BOX																																							
P O B O X 7 1 0 4																																							
F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND									
B P O N C E																				P R					0 0 7 3 2					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
																														52									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)															PUERTO RICO ENVIRONMENTAL QUALITY BOARD (EQB)														
C	9	N													C	9	P																											
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	15	16	17	18	19	20	21	22	23	24	25	26	27	28																
N/A															L C 5 8-1 1 8 9-0 9 8 6-0																													
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)															(specify) PUERTO RICO EQB SOLID WASTE DISPOSAL														
C	9	U													C	9																												
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	15	16	17	18	19	20	21	22	23	24	25	26	27	28																
N/A															R S M-8 8-0 0 5 8																													
C. RCRA (Hazardous Wastes)															E. OTHER (specify)															(specify) PUERTO RICO DEPT OF NATURAL RESOURCES EXTRACTION														
C	9	R													C	9																												
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	15	16	17	18	19	20	21	22	23	24	25	26	27	28																
P R D 9 8 0 5 9 4 7 0 9															O R N-C T-F P-0 5 0-8 7																													

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

MUNICIPAL, COMMERCIAL, AND INDUSTRIAL NON-HAZARDOUS WASTE DISPOSAL.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
JOSE AYALA DISTRICT MANAGER	<i>Jose Ayala</i>	9-30-92

COMMENTS FOR OFFICIAL USE ONLY

C	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
C															

Form

2F

NPDES



United States Environmental Protection Agency
Washington, DC 20460

Application for Permit To Discharge Stormwater Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., SW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

[illegible]

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

[illegible]

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

IV. Narrative Description of Pollutant Sources

- A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	1.5 ACRES	90 ACRES			

- B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed, in the last three years, to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

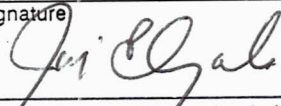
All solid waste is segregated from surface water contact by diversion berms and perimeter drainage channels.

- C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
001	None	

V. Nonstormwater Discharges

- A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharges from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
JOSE AYALA, DISTRICT MANAGER		9-30-92

- B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Stormwater only leaves the property by open channel and culvert flow. Process water is not mixed with stormwater.

VI. Significant Leaks or Spills

- Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

NONE

VII. Discharge Information

A,B,C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.

Tables VII-A, VII-B, and VII-C are included on separate sheets numbered VII-1 and VII-2.

E: Potential discharges not covered by analysis - Is any pollutant listed in Table 2F-2 a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes (list all such pollutants below)☒ No (go to Section IX)**VIII. Biological Toxicity Testing Data**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such pollutants below)☒ No (go to Section IX)**IX. Contract Analysis Information**

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☐ Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)☒ No (go to Section X)

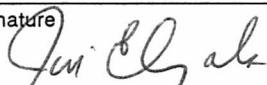
A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title (type or print)
Jose Ayala, District ManagerB. Area Code and Phone No.
(809) 841-7770

C. Signature



D. Date Signed

9-30-92

VII. Discharge Information (Continued from page 3 of Form 2F)

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Outfall 001 Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite		
Oil and Grease	11 mg/l	N/A			1	Trucks and landfill Equipment
Biological Oxygen Demand (BOD5)	255 mg/l	50 mg/l			1	Unknown
Chemical Oxygen Demand (COD)	3,468 mg/l	754 mg/l			1	Unknown
Total Suspended Solids (TSS)	57,510 mg/l	31,730 mg/l			1	Soil Erosion
Total Kjeldahl Nitrogen	17.0 mg/l	10.0 mg/l			1	Unknown
Nitrate plus Nitrite Nitrogen	0.16 mg/l	0.65 mg/l			1	Unknown
Total Phosphorus	21.1 mg/l	11.6 mg/l			1	Unknown

pH	Minimum	Maximum	Minimum	Maximum
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Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

[illegible]

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

9. Provide a description of the method of flow measurement or estimate.

C was estimated at 0.20